

NEW (!) 1998 FALL PRT RISK FACTOR QUESTIONS:

Please print last name, first name, middle initial and SSN then answer the following questions by circling or answering yes or no:

Last,	First MI,	SSN	Date
1. Are you now 50 or older and not accustomed to the level of exercise involved in the PRT?			YES/NO _____
2. Do you have a history of heart disease or high blood pressure which requires you to restrict physical activity or seek medical treatment?			YES/NO _____
3. Do you experience discomfort in your chest, arms or neck while exercising?			YES/NO _____
4. Are you prone to heat exhaustion/heat stroke, feeling faint, or feeling that you are about to lose consciousness?			YES/NO _____
5. Has there been a change in your medical condition which you think might limit your participation in the PRT (or a physical conditioning program)''			YES/NO _____
6. Has any member of your immediate family (mother, father, sister or brother) has a heart attack or died of heart disease prior to age 45?			YES/NO _____
7. Have you experienced 4 significant weight change?			YES/NO _____
8. Do you use tobacco products daily?			YES/NO _____

Any members answering ''YES'' to any of the new PRT questions will be referred to medical for evaluation prior to participating in the PRT.

Member's Signature